Meaningful Use Workgroup
<mark>Draft Transcript</mark>
November 2, 2010

Presentation

Judy Sparrow – Office of the National Coordinator – Executive Director
Good afternoon, everybody, and welcome to the Meaningful Use Workgroup. A reminder, this is a federal advisory committee, so there will be opportunity at the end of the call for the public to make comment. Let me do a quick roll call. Paul Tang?

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
George Hripcsak? David Bates? Christine Bechtel?

Christine Bechtel – National Partnership for Women & Families – VP
I'm here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Art Davidson? David Lansky?

David Lansky – Pacific Business Group on Health – President & CEO
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Deven McGraw? Charlene Underwood?

Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Latanya Sweeney? Michael Barr?

Michael Barr – American College of Physicians – Vice President, PA&I
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
James Figge? Marty Fattig?

Marty Fattig – Nemaha County Hospital – CEO
I'm here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Karen Trudel? Did I leave anyone off? With that, I'll turn it over to Dr. Tang.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Thanks, members, for joining this call. This may be somewhat of an organizational call, so let me sort of overview, provide an overview of some of the things we have to do between now and the December 13th face-to-face based on our last presentation in front of the policy committee and also based on our conversation with David Blumenthal right after that meeting. The main thing is that, as you recall from the discussion, there was a question of what's the final output and the question of what can you really

accomplish at 2015 and then the pressure of time in 2013, so on and so forth. In a later reflection, David was thinking that it's important that we get to the right place, even if that isn't by 2015. The world doesn't stop then. Yes, incentives start dwindling down by 2015, but the world doesn't stop, and we want to set a direction where if we accomplish that, then we will enable this IT infrastructure that's going to support better healthcare, and better health outcomes.

If you look at that and say, well, when is that? I'm still trying to be aggressive not saying that it's 20 years away, and perhaps not even saying it's 10 years away. I think there have been a number of surveys that by 2015 it seems like over half the country will be on its way. So how many more years do we need to get to a baseline where we have data flowing, interoperably, and can do some of these population measures assess the health of your population, can provide disease management, etc., and can assess coordination of care? Is that seven years, or is that ten years? Find some date when we think it's reasonable, yet still aggressive. It's aggressive not because of any intrinsic constraints, but extrinsically the world has to change in some finite period of time, whether it's accountable care, if it's a new model other than fee for service, so that would speak for, we can't wait for ten years for this to happen, for example.

The point is to try to figure out what time away from now where we could have a good enough platform to base our care on? Then set some of those goals and objectives, and then place into that roadmap, so essentially setting a roadmap based on the goals rather than just the time, and then place into that roadmap the statutory HITECH dates of 2015 and 2013. I want to get your reaction to that kind of approach. If we did that approach, that is sort of a bit of a two tracks, to parallel tracks. One is what is this overall roadmap for the country and HIT infrastructure? Then, two, what are the 2013 and 2015 stepping stones on the way to a more feasible, but more complete floor than is provided in 2015?

David Lansky – Pacific Business Group on Health – President & CEO
It's ambitious, Paul. I don't know who is ready to own the job on either of those fronts. I was on the call yesterday. I think you were too … California, multi-stakeholder e-health board. On that call, Jonah Frohlich reviewed the eight or ten initiatives that were contributing to developing infrastructure. It occurred to me on that discussion, and I think Jonah himself raised it that it's not clear who has the strategic responsibility for describing how these things all fit together and what the end state of infrastructure for information exchange looks like. It's definitely a need, but it does almost go back to that strategic planning committee we had a year or so ago.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Right.

David Lansky – Pacific Business Group on Health – President & CEO
It hasn't really been fully flushed out yet.

Christine Bechtel – National Partnership for Women & Families – VP
Yes. I agree, David. The first thing I was thinking was, well, we really need to have information exchange falling in a very robust way, and we can't even figure out where NHIN Direct is right now, and so I'm having some trouble wrapping my mind around it for the reasons that David just stated, but also because it feels to me like the secretary is intending to release a national quality strategy some time or I would imagine early or mid next year, and we ought to be aligned with that because every time we pick goals, somebody comes back and goes, well, how come it's not …. How come you're way out in the future? I'm just a little bit worried that between the lack of a quality strategy at this point and the pushback that we've experienced in some other areas when we have set ambitious goals, I'm not sure it's time well spent at this point. I'd almost rather really think about, we did do some goal setting, or maybe we should call it objective setting in the context of meaningful use starting with 2015, so we could work backwards to 2013. I fee like we're not quite there on that exercise yet either. That's my thinking.

Marty Fattig – Nemaha County Hospital – CEO
I don't think we need to set ambitious goals. I think David Blumenthal is just afraid that we'll just dial up the thresholds 10% without having gaining from two years of extra experience. I think we can set

ambitious goals for ten years from now, but not set ambitious goals for 2013, necessarily, do something reasonable for 2013. I agree with you, Christine, that we can't. I mean, the quality initiatives, we need to align with them, and we won't know that right now. But I think it's just a request that we step back and thinking and don't just, well, not just think. I mean, we don't just dial up thresholds, but think about how has the trajectory changed versus where it was two years ago.

Christine Bechtel – National Partnership for Women & Families – VP
Yes, and I think that makes sense. I just am also struggling at the same time to think about, should we do that now, or should we do that in two or three months from now so that we sort of finish what we need for the RFI, etc.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Like all these things, it's between a rock and a hard place. I suspect what's going in Dr. Blumenthal's mind is where can we be in 2015? If you relax it too much, then where will the overall program end. If there isn't a content, then it isn't that helpful, either as a national strategy, a national blueprint, or to pull together the various states and regional activities.

David Lansky – Pacific Business Group on Health – President & CEO
I think there are thematic directions or paths that we started articulating, but you can go further with, and some of them are reflected in the gap analysis on the quality measures side. But if we think about patient connectivity as one domain, where our thinking has evolved quite a bit, and the country's thinking has moved quite a bit. Now with Gene Nelson's recent suggestions about really thinking about the flow of patient information in the clinical workflow as a new layer of connectivity, that's just one example of kind of a new thematic direction we could flush out, as we do this longer-term. I guess I'm thinking there's a way to do the longer-term work he's encouraging us to do that's not over-specified, that is more directional and has sort of functional. Maybe it's functional expectations we want to emphasize without totally predicting what their shape and scope will be.

Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs
I worked on the quality committee with Carolyn Clancy, and one of the contributions that committee made, and actually this is really one of the best pieces of work I'd seen that kind of made things easy was kind of a framework that mapped out where broad quality, not just reporting, but where should, across time, three stages: near term, medium term, long term, whatever we wanted to choose those to be. How should the processes be transformed to really take care of the stakeholders in the process?

There was a piece in it, which talked about national health goals were in place at the end game, and it did a nice job for patients. This is how they would interact with the systems, for providers. It's like in a matrix, and it's a readable thing, but it sounds like that could contribute to this thought process, and that works was done and approved in Carolyn's committee. But it is … what we're talking about is transforming key processes. It'd be processes for providers, payers, and the government and all.

Now it probably has changed, as David said, but it still was really one of the best pieces of work that I've seen that kind of puts things in terms that people can understand. So a lot of the things, for instance, Christine, you talked about. That was kind of in the end state, and then there was an interim state, and then there were a bunch of barriers that had to be overcome. Then also there was a description of what needs to be the quality enterprise infrastructure like the single set of measures and those kinds of things. That might be something worth pulling out and taking a look at as input to this.

David Lansky – Pacific Business Group on Health – President & CEO
That's … I remember that statement. I remember that, and it was a very good statement of work that we should look at … multiple thinking of the animations that Markle did two or three years ago.

Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs
They did a great job too on that.

David Lansky – Pacific Business Group on Health – President & CEO

Three versions, one for a consumer's experience of healthcare…. One was provider's experience. And one was a public health experience.

Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs
Yes, that was …. That had pictures, and this kind of had some words around it, but it's not too onerous to deal with.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
What I'm hearing, and it would be good to bring that in, absolutely good to reuse work from the past, especially been thinking about similar problems. I'm hearing a bit of pushback in terms of how big a task and responsibility it is to flush out that further horizon. Maybe we go back, at least for now, onto our previous track of working towards 2015 and backing into 2013. As we do that work, we may uncover things that, yes, we don't think is feasible for 2015, but would be a good target, horizon target, and we can speak to that. How does that sound to people?

David Lansky – Pacific Business Group on Health – President & CEO
Personally, Paul, I'm going to jump off in a minute. I'm a little afraid of backing off too much from it because I think the basic concern is right, and we don't want to get into this incremental, very conservative approach. We have this one opportunity to articulate something more directional for others to implement beyond our work. I think, on the quality measures side, especially given the gap analysis that we're doing now, there is an opportunity to say, here's a 2017 or a 2020 target. We think we should be able to measure outcomes for these eight conditions or whatever it is, and lay out a little bit of a longer-term, especially an outcomes oriented longer-term expectation, which the 2015 would be incremental towards. I wouldn't dismiss the strategy necessarily. I think we're kind of refining it or putting some boundaries around it.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
It's a bit of an edge. Instead of endorsing the longer-term or the unconstrained, less constrained view of the world in saying the world doesn't end in 2015, yet right at the moment between now and December 13th, we don't feel that we can fully flush out that horizon view. Is that …?

David Lansky – Pacific Business Group on Health – President & CEO
That's my view. I'm going to jump off, and I'll be back in a few minutes. Sorry.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
How does that sound to you? I think, Christine, you raised some objection as well.

Christine Bechtel – National Partnership for Women & Families – VP
It's hard to object to that. I think there's maybe a bandwidth issue, but I think it's right. I think where I struggle is, and it's kind of an esoteric area is we had some discussions, many discussions early on about not wanting to focus so much on sort of functionality, and to really focus instead on health improvement goals, and then making sure that there's a glide path of functionality that is in place that supports achieving those goals, but we don't micromanage how that all happens in the long-term. We have to now in a sense. So I struggle with those notions because there's a significant part of me that would rather see the plan from the secretary and say, okay, what's the glide path to those goals, and then how do we get to those goals and focus in that regard? So I don't objective to articulating sort of themes for where we're going. But I'm struggling to balance that with the need to really focus on health improvement and improved outcomes, and you kind of can't do that without knowing which outcomes you're going to focus on.

Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs
Yes.

Deven McGraw – Center for Democracy & Technology – Director
This is Deven. I'm on. I agree with that.

David Bates – Brigham and Women's Hospital – Chief, Div. Internal Medicine
I had to step out for a second, but would like to make a comment. I just got back from a meeting in Europe, which was interesting. Some of the key things that they pointed out is that essentially all the systems there have seen major improvement, but it took a long time. The average was seven years. Everybody did eventually get there. They all felt like we're trying to get there too fast. I do think we can shorten the timeframe some, but we have to be a little realistic about how much we'll really be able to shorten it. If you look at the Gartner lifecycle, I think what we want to try and do, if we can, is to flatten the trough of disillusionment and get people to the plateau of productivity a little faster. I think we have to be both practical and realistic. I agree with what was just said that the implications of that are that we should focus on what to measure, not be too detail oriented, and not expect too much in terms of improvement of outcomes in the near term because I do think we will eventually get there.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
To interpret what you said, are you speaking towards, so when you said 2015 is possibly too fast to move a major chunk of the industry to the goal that we think is needed? Are you arguing for setting a horizon that is further out so that we're creating a roadmap to that destination?

David Bates – Brigham and Women's Hospital – Chief, Div. Internal Medicine
Yes. Yes, and I'm just trying to make the point that we're not likely to be at the destination by 2015 even if we want to be. A few healthcare systems probably will be.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
That's right.

Michael Barr – American College of Physicians – Vice President, PA&I
I like what David just said, and I have a question. There's one thing to articulate a strategy and functions that we want to see at time in the future. It's another to set the expectation of practices around the country to actually use that functionality. Do they necessarily have to go hand-in-hand? In other words, could we be articulating what we need to see and have the vendors develop all these things and then move the clinical community forward at a slightly different pace, but setting some expectations along the way?

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
I think that's right. Let me try to summarize and see if I captured. I think there's value in having a destination that is aggressive, but reachable. Not by all parties, but it's a good destination to look towards, and there's value in setting some kind of road map on the way there. Regardless of when they start the journey and how quickly they can make their individual journey, they're at least going in a direction that's going to connect up with the rest of the world. That would speak to having some kind of further horizon because I think everyone is nervous about what can we accomplish by 2015. If we stop there, we may have left people not quite to the destination and not really viewing the whole roadmap, so that's the value of setting some horizon destination and laying a roadmap, whether it's 2013, 2015, and maybe 20xx. Have I captured people's sense there? It's not abandonment of the idea. It's … about the work to create a full vision in 20-whatever it is, 2020, but not wanting to drop people off at 2015.

Christine Bechtel – National Partnership for Women & Families – VP
…Paul, and I would just come back to David's first point too, which is, a roadmap and a vision for 2020 has got to draw on every dimension that's in the strategic plan, which I think ONC has not yet taken and built out at a detailed level, so it's hard to do that because it's not just about meaningful use, as we all know. Achieving meaningful use and that kind of vision is going to rely on what happens in information exchange, in workforce, in all kinds of other dimensions, so it's hard to do it in a vacuum.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Right, but strategic plans, particularly ten-year strategic plans, change over time. So we wouldn't want to peg the entire program on strategic plan version 2010, right?

Christine Bechtel – National Partnership for Women & Families – VP

No, but we can't— I'm only pointing to the strategic plan because it's the only place where ONC is supposed to have laid out how they see the building blocks taking shape. So our vision for meaningful use in 2020, if we knew, and obviously this isn't the case, but to make the point, if we knew that we weren't pursuing a Nationwide Health Information Network, there was no NHIN Direct, that vision would be very different with or without information exchange. So we need to draw from some sort of sense from ONC about all the key programs … HIE, etc., that are in play now and where they see them going and their trajectories in order to get there.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Sure, but now that's a good example. Health information exchange is a good example where you've just got to be saying by 2020 you are gathering all this person's health information throughout the country to the extent that they want us to at a "touch of a button". We don't need to worry then is it NHIN Direct, or is it this new cloud thing? We just know that in order to take care of people, coordinate their care, and assess and improve the health … population, you've just got to be able to have information flowing and be able to aggregate them so you know where you are.

Christine Bechtel – National Partnership for Women & Families – VP
Right.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
That's the kind of thing that we could set at objectives for 2020, let's say. It just frees us from – you could get into … of saying, well, what can be done in 2015? If the objectives are pretty clear, and there's a roadmap, and that somewhat technology and architecture independent, then at least people are getting clearer and clearer about where we need to go. That was part of the hope.

George Hripcsak – Dept. of Biomedical Informatics Columbia University – Chair
Paul, we have only so many hours in November that we're working on this … anyway, so it's not like we're going to come up with the end result. It's not so much 2020, we're just saying what's our goal. Has it changed at all in the last two years? Have we learned something in the two years that would make us change where we're headed, never mind how to get there? But have we learned anything new about where we're headed, because otherwise we have a framework? We have the five areas. You did a good job originally, so I don't think this is a major— We don't have the hours to do a major effort. We've just got to go quickly, say eventually here's where we think we're going to go. It's pretty close to what we thought, only it changed for these reasons. Then we work backwards. Then we just make sure that whatever we come up with gives with that.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
I think that's well stated, George. Let me do one thing before Christine leaves, a couple things. One is, could we, no matter what we set in front of us, there's a number of hours that we're going to have to be together in order to create a worthy product. Could I invite people to say whether having another call before our December 3rd face-to-face meeting, let's say in the few days before Thanksgiving would be feasible? Let me pick either Monday or Tuesday before Thanksgiving. Could we have another two-hour call?

Christine Bechtel – National Partnership for Women & Families – VP
I can do that.

Deven McGraw – Center for Democracy & Technology – Director
Yes, likewise.

Michael Barr – American College of Physicians – Vice President, PA&I
Likewise, I will not. I continue to unfortunately miss a lot of these meetings due to previously scheduled events. In this case, I'll actually be out of the country.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Okay.

David Bates – Brigham and Women's Hospital – Chief, Div. Internal Medicine
Paul, don't we have one more call before December 3rd?

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
We do, but I don't think that's going to be enough to get us this far along.

David Bates – Brigham and Women's Hospital – Chief, Div. Internal Medicine
Sure.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Yes, it's additional.

Christine Bechtel – National Partnership for Women & Families – VP
Right, we only have the 9th, I think, which actually I will not be on that call anyway.

Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs
Yes, Paul, the 9th is a little challenging for me too. This is Charlene, but ….

Deven McGraw – Center for Democracy & Technology – Director
Yes, likewise with me. The tiger team is having a hearing on patient linking, patient matching to data.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
It sounds like we have some flexibility, that time before Thanksgiving. We may need a longer call, so we'll work on that offline. The other thing, Christine, before you leave is thinking about the next call, could we pick up with the patient engagement workgroup and flush out? In our old strategies at 2015 and 2013, and we maybe just look at what we just talked about as having additional flexibility to say if we can't make this by 2015, this is the destination we're shooting for and provide whatever date you think that could be achieved.

Christine Bechtel – National Partnership for Women & Families – VP
Yes. I think we have some work to do to finalize. I'm not sure what the status of when the RFI is going to go out, but George and Deven and Charlene and I have some work to do to get to what's the right construct for 2013. I feel like we need to do that first as a way to make sure we're building for the future on the glide path that we've established, which would be the case for the other areas, but not for this one. And what I'm hearing though is that our next opportunity to discuss that, the 2013 criteria is November 9th, but I can't be there, and neither can Deven.

Deven McGraw – Center for Democracy & Technology – Director
Wait ….

Christine Bechtel – National Partnership for Women & Families – VP
Is that what you meant too, Deven?

Deven McGraw – Center for Democracy & Technology – Director
Actually, I thought these guys said December 9th. I think I'm okay for November.

Christine Bechtel – National Partnership for Women & Families – VP
The next call that I have for the meaningful use workgroup is November 9th.

Deven McGraw – Center for Democracy & Technology – Director
Then you need to be there, so we have to figure that out.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

We'll figure when that is, but are you prepared for that little group to bring back? We still have, well, our obligation to the full committee is by December 13th, we're presenting them with our view of 2013 and 2015 with granular criteria, granular objective measures for 2013.

Christine Bechtel – National Partnership for Women & Families – VP
Terrific. We're not quite ready to present that to the workgroup, so perhaps we could, if we do a call the 22nd or the 23rd, perhaps we could use some of that time to present to the workgroup.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Good.

Christine Bechtel – National Partnership for Women & Families – VP
That would be terrific.

Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs
Does someone own scheduling the followup? Do you know who owned that?

Christine Bechtel – National Partnership for Women & Families – VP
Yes. You mean on the patient family engagement stuff?

Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs
Yes.

Christine Bechtel – National Partnership for Women & Families – VP
Yes, we'll handle that.

Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs
Okay, because I didn't know. Okay. That's fine.

Christine Bechtel – National Partnership for Women & Families – VP
We'll handle it.

Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs
Paul, the other thing I can do is I can certainly share, and it's not a hard document to walk through, at least for the call on the 9th for consideration. I don't know if I've got this stuff from Markle, but I do have the stuff from the quality workgroup. We can certainly share on that because where that's a value, it doesn't interfere with the national quality goals. It's more things that IT will enable. It's more focused that way as opposed to – the goals can be what the goals are.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Correct.

Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs
It's worth, I think, taking a look at that and seeing if it fits and how it would help or not help in this current conversation.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
I think that would help for us to be much more timeless than pegged to any one set of goals from a year.

Deven McGraw – Center for Democracy & Technology – Director
Paul, to answer your question, I think it might be better. I'd feel a little bit more comfortable if we started with something like care coordination that relates the patient family engagement is a little more discrete and is a little more flushed out.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

That was the next task really is to form small groups like we have with patient engagement around the other categories to do some pre-work before we have calls and discussion. Any volunteers for, let's say, category one, which is a big one. That's the quality, safety, efficiency, and reduce healthcare disparities in organizing a small group to work on 2015 and then work back on 2013.

Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs
What is the task again?

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
It's really to come up with a first draft. We already have a lot of work on the table, so that's the good thing. It's to relook at that given our new flexibility in terms of are there things that we said were 2015 that we can't make or are the things beyond what we had originally planned for 2015 that we would like to put on the table? Can we drill down a little bit more on the granular measures and actually get a bit more precise? We only had three weeks to do the first stage of measures, and I think CMS would have appreciated.

I think everybody would appreciate it if we gotten a little bit more granular than we were with stage one, but we only had three weeks. If we can add some granularity to what we actually put down in the call before we moved on to the philosophical concepts, that would be helpful. It's basically to pick up from where we left off maybe three or four weeks ago, flush out 2015, relook at that, see if there's anything that's beyond 2015, and to drill down on some of the granularity for 2013 for each of these categories. Category one is the quality, safety, efficiency. Category three is care coordination. Category four is population and public health. Of course, category five is privacy.

George Hripcsak – Dept. of Biomedical Informatics Columbia University – Chair
One may be hard to have a subcommittee do. I'm not sure.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Yes, you're right.

George Hripcsak – Dept. of Biomedical Informatics Columbia University – Chair
Maybe that has to be the whole group.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
We got patient engagement because we got stuck in all of those confusing terms, and I'm not sure we're unconfused yet, but that's why a small group would help so that we don't spin around in our larger workgroup. Similarly, care coordination and population health may be more vague, and so getting a little bit more clarity could help jumpstart the discussion.

George Hripcsak – Dept. of Biomedical Informatics Columbia University – Chair
You're looking for volunteers for coordination now?

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Yes, and if anybody is interested in taking the next step before us talking about it on the phone.

George Hripcsak – Dept. of Biomedical Informatics Columbia University – Chair
Is David still on the phone?

David Bates – Brigham and Women's Hospital – Chief, Div. Internal Medicine
I am still on the phone.

George Hripcsak – Dept. of Biomedical Informatics Columbia University – Chair
Just curious.

Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs
Yes, David … on care coordination.

George Hripcsak – Dept. of Biomedical Informatics Columbia University – Chair
Let's ….

Deven McGraw – Center for Democracy & Technology – Director
You're getting volunteered, David.

David Bates – Brigham and Women's Hospital – Chief, Div. Internal Medicine
I was trying to be quiet. I could do that, I suppose.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Art Davidson isn't here. I could ping him. Art, have you joined? I could ping him on seeing whether he can take just the next step so we get that much closer before we discuss it on the call.

Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs
Paul, whether it's me or someone else, we can represent the vendor piece with those committees, but it should be … by either David or Art.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
I appreciate that.

George Hripcsak – Dept. of Biomedical Informatics Columbia University – Chair
David, I'm happy to do whatever you need me to do on that one or certainly on Art's because I'm already involved in the public health one, but also care coordination. Whatever you need me to do is good.

David Bates – Brigham and Women's Hospital – Chief, Div. Internal Medicine
Thanks.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Good.

George Hripcsak – Dept. of Biomedical Informatics Columbia University – Chair
And then security and privacy.

Deven McGraw – Center for Democracy & Technology – Director
Yes, what are we going to do about that.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
We were going to ask you that, Deven.

Deven McGraw – Center for Democracy & Technology – Director
I'd be happy to, of course, try to pull something together.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Sure. That would be great.

Deven McGraw – Center for Democracy & Technology – Director
Do we want to do this before our next call?

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Yes, it would be nice so that we can start. In fact, it would be useful to have whatever you want distributed before the call, so that we can be walking through that.

Deven McGraw – Center for Democracy & Technology – Director
Okay.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
As you know, we already have things on the matrix from our previous calls, so that's a starting point is just drilling down a bit more, and it's really helpful to have a draft.

George Hripcsak – Dept. of Biomedical Informatics Columbia University – Chair
Paul, clarity, so on November 9th, are we going to pick one topic? I know it won't be patient engagement because Christine won't be there. Are we picking a different topic, or are we going to try to go through the other …?

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Yes, should we begin on category one then?

Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs
Yes.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
How does that feel?

George Hripcsak – Dept. of Biomedical Informatics Columbia University – Chair
Yes.

Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs
Then I'll provide that one document.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Correct. We are meeting on, we are having our call on November 9th. We'll continue the discussion of category one measures and objectives for 2013 and 2015 with placeholders for beyond 2015. We'll schedule a meeting. Can I just pick November 23rd, which is Tuesday, for a two- to three-hour call then? We have our face-to-face in Washington on December 3rd, all in preparation for presenting basically a pretty robust draft recommendations for the full committee for the 2013 and 2015 with a lot more detail in 2013. Our plan then was with additional input from the full committee, then we'll be preparing a request for comment in January that would turn around, and we'd be working on that in February and March.

George Hripcsak – Dept. of Biomedical Informatics Columbia University – Chair
Paul, just to orient the sub-groups, so obviously we're not the quality measures group. So we just take that off the table and say, what are the functional things we need do? If we come up with something, do we say here's a functional one we need if they don't come up with a quality measure to replace it. Do you have a feeling for that?

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
David Lansky, are you back? David Lansky is a cochair with David Blumenthal, so he may be able to help us with that one when he gets back. I think we can also, we probably, if we have some ideas, again, with the HIT sensitive measures, that is those quality areas where HIT has been demonstrated to make a difference, we can certainly put those as placeholders thinking that the quality measure group will have more specific measures to contribute there.

David Lansky – Pacific Business Group on Health – President & CEO
Paul, I'm back.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Hello, David. Did you hear what I just said?

David Lansky – Pacific Business Group on Health – President & CEO
No, I didn't. You gave us an assignment of some kind.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
It was actually feedback from the quality measures group, so George was asking, for our measures in 2013 or 2015, are we putting placeholders for measures that will come in from the quality measures workgroup, or do we put conceptual areas that are HIT sensitive, again waiting for input from your group, or how do you think we can interact there?

David Lansky – Pacific Business Group on Health – President & CEO
Okay. I missed the context from where you conversation was going. I think it's hard to know what will come out of this RFI, RFP process, which is our main task right now. So I think we will have measures pretty well specified for many of our domains for 2015.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
For 2015?

David Lansky – Pacific Business Group on Health – President & CEO
Yes.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
And none for 2013?

David Lansky – Pacific Business Group on Health – President & CEO
It's done for 2013, but they'll be obviously sooner.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Right.

David Lansky – Pacific Business Group on Health – President & CEO
And they'll be more likely incremental and fairly modest improvements. And I think, for 2015, we'll be a little more ambitious.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Will there be anything that we can noodle on December 3rd?

David Lansky – Pacific Business Group on Health – President & CEO
I don't think so. There'll be the measure concepts, which are going to come out in the next week or so in some fairly compressed form, compact form, but I don't know. I think that's good to take up on December 3rd, but I don't know it'll quite get as far as what we're talking about now.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
I think that's good enough if we can get down to the measure concepts. These are the HIT measure concepts. We can at least put that there. We can discuss that in front of the full committee. And to the extent that they're quality measures that you use to go out with an RFI, we can also place those into the document that goes out for our RFC, request for comments.

David Lansky – Pacific Business Group on Health – President & CEO
That gives us a due date too to have a useful product for discussion on the third.

Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs
David, this is Charlene. There is an initiative coming out of NQF, which is the HIT utilization measures. Does your work touch what's going on there? Does it involve—?

David Lansky – Pacific Business Group on Health – President & CEO
No, we haven't talked about that at all.

Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs
Oh my.

David Lansky – Pacific Business Group on Health – President & CEO
Can you tell me what the scope of that is because I missed that piece?

Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs
Actually, it's just kind of rolling out, but again, it's better clarifying. This kind of relates exactly to meaningful use, the definition of the use of the penetration of CPOE or administration checking, those kinds of things, as well as some of the care coordination usage measures, but how about I see if I can get a little bit of definition around it and just shoot it to you because this relates again to—if those measures are being endorsed by NQF, it also should make—we should look at them as part of meaningful use because they're adoption measures.

David Bates – Brigham and Women's Hospital – Chief, Div. Internal Medicine
I'm on one group for them. I'm not sure if it's this, and I'm supposed to be the link between our two groups, and I'm just not sure if it's that one or not.

Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs
Is that it?

David Lansky – Pacific Business Group on Health – President & CEO
I think we all feel that, David.

Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs
The reason I was asking is I can't cover all the meetings yet, so never figured out how to stay up to date.

David Bates – Brigham and Women's Hospital – Chief, Div. Internal Medicine
The group I'm on has not met yet.

Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs
Okay, well, this one actually is reviewing the measures, so there was actually a call yesterday. As I said, I'll have to get the content from it.

David Bates – Brigham and Women's Hospital – Chief, Div. Internal Medicine
This sounds like a different group.

Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs
Yes, I think so.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
To review, we talked about David Blumenthal's suggestion that we work on the longer-term horizon and then fit the 2013 and 2015 HITECH program in that. The group felt somewhat nervous about what we can – the work involved in producing that long-term horizon, but accepted it in the context of working on the 2015, backing into 2013, and having a horizon placeholder where we don't think we can move the country far enough by 2015 to achieve our needed objectives. That we're breaking up into doing some pre-work before the next call, which is November 9th. Some further work on care coordination from where we left off in public health will be done ahead of that call. We're going to start working. Well, ahead of the call that we're going to work on that. November 9th, we'll start working on the category one objectives and measures. That Christine and Charlene and Deven, I think, and George, are involved in the patient engagement, small workgroup that'll have something to present by our November 23rd call to move that agenda along. Have I captured everything? Did I miss anything?

Deven McGraw – Center for Democracy & Technology – Director
I don't think so.

David Lansky – Pacific Business Group on Health – President & CEO
No, it sounds good.

Christine Bechtel – National Partnership for Women & Families – VP
Yes.

David Lansky – Pacific Business Group on Health – President & CEO
Paul, just to clarify, maybe you started the call describing Dr. Blumenthal's views of needing to both address infrastructure strategy and the functional meaningful use criteria in terms of what his vision looks like beyond 2015. Where do you want to go with the infrastructure branch of that? Is that just implicit in the functionality, or is it something that we have to talk about more specifically?

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
I think it's implicit. We never drilled down when we did stage one in the overall framework. I think it's just implicit in the objectives that we set for '13, '15, and beyond. Does that make sense, or is there something more specific you're asking about, David? Some of it is carried over in the HIT Standards Committee, right?

David Lansky – Pacific Business Group on Health – President & CEO
Yes. I don't know. I don't know where I'm going with that. I'm a little worried about the HIE and the NHIN Direct pathways and where they lead and how well. Maybe it's best to be agnostic and not speak to the question of infrastructure and only speak to the outcomes and functions that we care about since there is so much in play.

Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs
Yes ….

Deven McGraw – Center for Democracy & Technology – Director
I think that make sense.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
I think so too. I think that's how we have been operating, and most of the other work has been taken up either by the IE workgroup in policy or the standards committee.

David Lansky – Pacific Business Group on Health – President & CEO
Yes. Okay.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
I share your concern, but we hadn't been down at that level in the past.

David Lansky – Pacific Business Group on Health – President & CEO
…while I'm thinking about … just mention one more thing, is there's a patient engagement piece. As you know, this larger question of how do we capture data from patients, which seems to be independent of the EHR per se, and the idea of longitudinal record, where it lives, and all that. There's a couple of big kind of elephants in the room that, coming out of the EHR mindset, we don't really have good answers to yet, and I don't know how far we'll get without doing a little more thinking about those on those two issues of longitudinal record as a registry or whatever it is and the patient data flow are the two that probably need some attention, and where exactly we do that … uncertain to me.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Home monitoring is a good example of the kind of thing that if we just take 2011 and dial it up, you're not going to ever get there.

David Lansky – Pacific Business Group on Health – President & CEO
Yes, and that's why you want to do this long-term thing and see what are we missing from that. So that would be a good example. Now what we do about it, I've got to think of what's possible by 2013, but it's a good example.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
And that's why we have a small workgroup working on it. Let me ask if there are any other comments from the members before we open up to the public.

Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs
Paul, this is Charlene. I can help out on those other workgroups, as they get formulated. Just let me put that as a note.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
I think Christine is sort of the organizer for the patient engagement workgroup, David Bates for care coordination, and Art for population and public health.

Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs
Yes, and if necessary, I'll pull in the right knowledge source.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Very good.

Deven McGraw – Center for Democracy & Technology – Director
For privacy and security. I don't want ….

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
That's correct.

David Lansky – Pacific Business Group on Health – President & CEO
It might be worth, Paul, thinking maybe after an early first quarter, going back into our public hearing mode at some point and taking a couple of these longer-term issues for public discussion.

Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs
That's a great point.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Good idea. As you say that, I remember some counsel that Tony Trenkle gave us, which is to get more input on advanced directive. Remember that?

David Lansky – Pacific Business Group on Health – President & CEO
Yes.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
So that can be one of the things, and some of the longer-term – good idea. Good idea. We certainly have time in that first quarter when we're essentially waiting for the returns on stage one. Judy, want to open to public comment?

Judy Sparrow – Office of the National Coordinator – Executive Director
Sure. Operator, can you check and see if anybody from the public wishes to make a comment? While we're waiting, I will send out a calendar invite for November 23rd. Would you prefer it in the morning? That's a Tuesday. I'll send it out for the a.m.

George Hripcsak – Dept. of Biomedical Informatics Columbia University – Chair
So it'll be like a 9:00 a.m. to 11:00 or something?

Judy Sparrow – Office of the National Coordinator – Executive Director
Yes, let's do that.

Coordinator
We do not have any comments at this time.

Judy Sparrow – Office of the National Coordinator – Executive Director
Thank you, operator. Thank you, everybody. Dr. Tang, any final words?

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
No. Thank you, everyone, and we will talk to everybody, except for Christine, on November 9th.

Deven McGraw – Center for Democracy & Technology – Director
Thanks, Paul.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Bye.

Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs
Thank you.

George Hripcsak – Dept. of Biomedical Informatics Columbia University – Chair
Very good. Thanks, Paul.